



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:54 am, Dec 23, 2013

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66003982	NAME OF AGENCY University of Central Missouri PD	DATE OF INSPECTION 12/20/2013
LOCATION OF INSTRUMENT (STREET AND CITY) 306 Broad Street, Warrensburg, Missouri		TIME OF INSPECTION 10:19 am

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DVM TEST: (.350 ± .150) <u>.384</u>
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) <u>12/20/2013 10:19 AM</u>
<input checked="" type="checkbox"/> CHARACTER DISPLAY TEST
<input checked="" type="checkbox"/> PRINT TEST (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <u>Guth</u> LOT # <u>13010</u> EXP. DATE <u>01/09/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>DR2009</u> EXP. DATE <u>08/26/2014</u>
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .097	TEST 2 .097	TEST 3 .098
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	0-.04	1	.05-.09	0	.10-.14	0	.15-.19	0	Over .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

This instrument is operating within the guidelines of the Missouri Department of Health and Senior Services.

Sample test- This instrument operated properly during the sample breath test.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Gary Schmidt
TYPE II PERMIT NUMBER/EXPIRATION DATE 220141 06/12/2014	TELEPHONE NUMBER (660) 543-4123

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



GARY B SCHMIDT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/12/2012

Number 220141

Expires 06/12/2014

MD 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R17-88)



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-534-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-003982 12/20/2013

E735.22 10:20

KB CM IC AA

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Q307 |-----

Q306 |-----

Q305 |-----

Q302 |-----

Q303 |-----

Q304 |-----

Q301 |-----

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

UCH OPS

INTOXILYZER - ALCOHOL ANALYZER

NO MODEL 5000

SN 66-003982

12/20/2013

DIAGNOSTIC TEST

10:19

PROM CHECK E735.22

PASSED

RAN CHECK

PASSED

TEMP CHECK

PASSED

PROCESSOR CHECK

SYNC PULSE

PASSED

SYNC SPEED

PASSED

NEG STABILITY

PASSED

POS STABILITY

PASSED

REF RANGE

PASSED

DIAGNOSTIC

PASSED

PRINTER CHECK

ABCDEFGHIJKLMN OPQRSTUVWXYZ

0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

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INTOXILYZER® INSTRUMENT PRINTER CARD



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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-003982
E735.22
INVALID TEST
INHIBITED - RFI

12/20/2013
10:25

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

UCH OPS
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-003982
12/20/2013

TEST	%BAC	TIME
AIR BLANK	.000	10:22
CAL. CHECK	.097	10:22
AIR BLANK	.000	10:22
CAL. CHECK	.097	10:23
AIR BLANK	.000	10:23
CAL. CHECK	.098	10:24
AIR BLANK	.000	10:24

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

UCH DPS
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-003982
12/20/2013

SUB NAME=SAMPLE,TEST,T
SEX=M DOB =07/18/69
DRIV LIC=NA/NA
OFFIC. LAST=NA
OFFICER ID=NA
OPER. LAST=SCHNIDT
OPERATOR ID=528
PERMIT=220141 EXPIRE=06/14/14
ACCIDENT Y/N =N
MISC. DATA=SAMPLE TEST

TEST	%BAC	TIME
AIR BLANK	.000	10:28
SUBJECT TEST	.000	10:29
AIR BLANK	.000	10:29

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

EMI

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